PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

FORM PTO-676 (Rev. 12/02)

Application or Docket Number

Petent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

10612428

		CLAIMS AS	FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THA	
TOTAL CLAIMS			20					RATE	FEE	1	RATE	FEE
FOR			NUMBER		NUMBE	ER EXTRA		BASIC FEE		OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			20 min	20 minus 20≠		* ~		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 mi	inus 3 =		-		X42=		OR	X84=	
<u> </u>	·	IDENT CLAIM PF			•			+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								,		-	OTHER	
		(Column 1)	<u>.</u>	(Column 2)		(Column	3)	SMALL		OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESEN EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
\$	Total	*	Minus	**		=		X\$ 9=	· ·	OR	X\$18=	
SME.	Independent	*	Minus	***		=		X42=		OR	X84=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	1	5							!		TOTAL	
	•	Making 1		(0-)	70 A	(Cal	, oı	TOTAL ADDIT. FEE		JOR ,	ADDIT. FEE	L
		(Column 1) CLAIMS		(Colun HIGH	HEST	(Column			ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESEN EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
ğ	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=	
W.	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM							-
								+140= TOTAL		OR	+280=	
										OR	TOTAL ADDIT. FEE	<u></u>
_		(Column 1)		(Colum		(Column	<u>13)</u>			1		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IBER OUSLY	PRESEN EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		-		X\$ 9=	·	OR	X\$18=	
¥	Independent	*	Minus	***		=	_]	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
witer i	If the entry in one		+140=		OR	+280=						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Mif the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE											TOTAL ADDIT. FEE	<u></u>
		mber Previously Pa				e highest nu		bund in the app	propriate bo.	x in co	lumn 1.	

*U.S. Government Privates Office: \$000 -- 400-276/09181